

# Plumbing Registration

Control No. \_\_\_\_\_

New License ☐

Renewal ☐

Supplement ☐

Date: \_\_\_\_\_

Expiration: \_\_\_\_\_

FOR OFFICE USE ONLY

Checks/Approvals:

Police \_\_\_\_\_ Health \_\_\_\_\_

Fire \_\_\_\_\_ Inspection \_\_\_\_\_

**LICENSED ESTABLISHMENT OR INDIVIDUAL/ADDRESS**

**APPLICANT/MAILING ADDRESS**

Full Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

## LICENSE FEES

Description

License Number (FOR OFFICE USE ONLY)

Fee

☐ Plumbing (inside water work only) – \$30

☐ Connect gas water heaters, gas stoves, gas dryers,  
gas fireplaces, gas inserts, gas grills – \$75

☐ Water/Utilities (outside water work only) – \$50

**TOTAL AMOUNT DUE Now:**

**X** \_\_\_\_\_

*Applicant Signature*

Title: \_\_\_\_\_

Phone: Applicant \_\_\_\_\_

FAX \_\_\_\_\_

Under *Minnesota State Statute 270C.72*, the City of Bloomington is required to collect the Minnesota business tax identification number and social security number for each business license applicant. When requested, the City must supply this information to the Minnesota Department of Revenue. This information may be used to revoke a license or deny the issuance, renewal or transfer of a license if delinquent taxes, penalties or interest are due. Failure to provide this information may jeopardize or delay the issuance of the license.

**Applicant's name** \_\_\_\_\_

**E-mail address** \_\_\_\_\_

**Social Security no.** \_\_\_\_\_

**Minnesota Tax Identification no.** \_\_\_\_\_

**City of Bloomington tested** \_\_\_\_\_

### Building and Inspection

1800 West Old Shakopee Road, Bloomington MN 55431-3027  
952-563-8930 • FAX: 952-563-8949 • TTY: 952-563-8740